

## **HEALTH DEPARTMENT**

9 School St. - Amesbury, MA 01913 Tel. 978.388.8134 / Fax 978.388.7874

www.amesburyma.gov

John W. Morris, Health Director

Donna Lickteig, Adm. Asst.

## FROZEN DESSERT PERMIT APPLICATION

Fee Due: \$25.00

In accordance with the provisions of the General Laws, Section 65H, and Ch. 94 the under- signed is applying for a permit for the WHOLESALE/RETAIL manufacture of frozen desserts and/or ice cream mix. Product shall be manufactured and sold in Mass. and be in full compliance with all laws of the Commonwealth of Mass., all rules and regulations promulgated by the Mass. Dept. of Public Health and any rules and regulations set forth by the Amesbury Board of Health.

Establishment Name:		Location:	Tel.:
Name of Owner:		Address of Owner:	
Telephone:	Cell:	Email:	
Please list all licenses, per	rmit s or registration	ns issued by other municipal, sta	te or federal agencies:
Name of brands and trade	e or corporation na	me, if any, under which the proc	lucts are to be sold:
Number and capacity of f Make & Model of mixing Age of equipment:	equipment:		
		Pasteurized?noyo	
Number of gallons of froz	en desserts and/or	ice cream mix sold/manufacture	d during last calendar year:
The laboratory must sub	mit copies of the re		on a monthly basis and also to the Massachusetts D desserts do not require bacteria testing.)
Print Name		Signature	Date
Office Use Only – Received	ı		

ADM. ASST. HOURS:

Mon. thru Wed.: 8:00 am – 4:00 pm Thursday: 8:00 am – 7:00 pm Friday: 8:00 am – 12 Noon DIRECTOR IN-OFFICE HOURS:
Mon. & Wed.: 8:00 am - 10:30 am
Thursday: 4:00 pm - 7:00 pm
Friday: 8:00 am - 10:30 am
OTHER HOURS BY APPT.

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